

November 18, 2016

D Prize Applicant for Global Health, Maternal Health Challenge

Submission ID: 350002336102662493

### **Candidate Statement**

We are Project Hope For Ugandan Women, a non-profit that started this year with the sole intentions of increasing the availability of women's health services in the Ugandan region. Our EIN is \*1-2128011 (Appendices Item 1). We exist to support Bronze Medical Center, a 24 hour urgent care facility that focuses on women's healthcare. Bronze Medical Center is located in Busia, Uganda and is led by Sam Wafula, BSN, and his wife Julian RN.

As Bronze Medical Center began to grow exponentially we realized there was a substantial need for additional capital, so Project Hope for Ugandan Women was created. We exist to provide logistical support and state side connections to resources, training, and contributors. Our initial commitment was to get \$50 donated for every woman that comes to Bronze Medical Center in the need of OBGYN care. That number provides complete prenatal care in the form of maternity visits, education, nutrition planning, ultimately safe delivery with acute antenatal care and stabilization of the newborn. To date we have reached this goal monthly.

To implement our operation Project Hope for Ugandan Women would form a second division called Frontier Medicine. This would be a team of highly trained and educated medical personnel such as Nurse Practitioners, Nurses with BSN degrees, field Paramedics specializing in emergency care, and Registered Nurses. This group would be state side and be used to help support Sam and Julian's efforts in Uganda. Collectively we will educate and create job opportunities in poverty stricken regions while steadily increasing the availability to medically trained personnel.

### **Objective**

To decrease the maternal mortality rate in Uganda by training 5,520 Birth Attendants in two years and distributing Misoprostol in sub regions where medical facilities do not exist. In turn, this will increase health education.

### **Target**

Our focus will be on the Busia District and outlying sub regions of Karamoja, Busoga, and Bugishu. We will expand this region quarterly reaching 8 sub regions a year.

### **Risk/Opportunity**

We risk losing the funding needed to see this operation sustained. The way we will ensure this risk remains low is to establish medium and large companies and organizations as contributors. We will also seek out additional private grants from donors and the Government while keeping operational costs low and sustainable.

## **Operational model**

Currently postpartum hemorrhage (PPH) is the leading cause of preventable maternal death. This is especially true in Busia. Sam and Julian's continuous quality care control process of documenting medical records and conducting interviews has clearly established that PPH and a lack of TBAs as the leading preventable causes of maternal death for their region. PPH and maternal death could be greatly impacted by having TBAs to assist delivery while having Misoprostol on hand.

Bronze Medical Center is attached to a pharmacy who has quoted the price of \$3.00 for (10) 200mcg pills of Misoprostol. The recommended administered dose to treat acute PPH is 800 mcg sublingually. This allows us to distribute the full dose for \$1.20 per administration.

The biggest challenge is distributing the drug to sub regions where medical facilities are nonexistent. Bronze Medical Center's solution is to train and hire Mobile Sub Regional Trainers to train local TBA's and dispense Misoprostol to each region. Sam will act as Country Director and scout regions and hire 3 Mobile Sub Regional TBA's. These Sub Regional TBA's will be selected Midwives in the area that speak local languages who are willing to train 80 TBA's a month each. This means a total 480 Trained Birth attendants will be produced for every region each quarter. Simultaneously Julian, acting as Head of TBA Training, will train 50 TBA's a month locally in Busia at Bronze Medical Center. This means she will train 150 TBA's per quarter. Combining the Sub Regional TBA Trainers total of 480 TBA's a quarter with Julian's 150 TBA's a quarter will give us 630 TBA's trained a quarter, equaling 2,520 a year. Keeping steady pace we will be able to train 5,040 in the first two years of operation. We will hire regional advocates that will assist the sub regional trainers in recruiting TBA's

From each region we will select one influential TBA to act as Regional Head TBA. They will be the point of medical contact and be responsible for recording medical data as well as dispensing the Misoprostol. Sam will dispense 20 doses of Misoprostol to the Regional Head TBA. The Regional Head TBA are responsible for tracking medication by documenting births and doses administered as well as accounting to human error (medication being dropped and lost). Each region on average experiences 10-15 births a month, PPH occur in 5-10% of all births. This means the 20 doses dispensed monthly will be more than enough to cover each region.

Sam will be in touch the Regional Head TBA's by loading Air Time Scratch Cards on phones to communicate. Sam will revisit the Regional Head TBA's monthly for quality control. He will reclaim unused Misoprostol and restock the sub region to maintain a 20 dose cache supply. For example, 20 doses are dispensed to Karamoja region. Sam returns for quality control and meets with the Regional Head Trainer who has documents that 3 doses were administered. Meaning 17 doses still remain in the cache. Sam will then dispense 3 doses to restock the sub regions cache supply.

### **Partnerships**

Bronze Medical Center will partner with sub regional Midwives to help train the TBAs. We will secure this relationship by establishing a place for them to train and a salary. This means we will effectively go into poverty stricken areas and create jobs while setting a new standard for healthcare and education. Bronze Medical will also partner with Government's District Health Officer to ensure solid relationships with communities and government recognition for their efforts in combating maternal mortality.

### **Pilot Location**

Our pilot location will be Busia District Uganda. There is a great need for education in women's health, basic contraceptive practices, cervical cancer screenings, maternal health, and delivery practices. Bronze Medical Center is currently performing several educational classes monthly in these areas. The classes are taught in the classroom attached to the clinic, by Julian. Sam's current campaign of education is to provide guidance to laypeople in the assessment and basic field stabilization of newborns. In this pilot area Sam and Julian have already defeated the biggest challenge of community acceptance. They now have the trust of the local village and the populace of the surrounding area. Their reputation is growing exponentially and they are currently treating up to 90 women a month.

### **Milestones:**

<b>Poverty Solutions</b>	<b>Quarter Milestones</b>		<b>Impact Estimates</b>	
	<b>Beneficiaries</b>	<b>Funding/Month</b>	<b>1st year</b>	<b>2nd year</b>
Maternal Mortality Decreases	5-10%	\$168.00	2,520	5,040
Education Increases	630	\$850.00	2,520	5,040
Jobs Increase	3	\$1,800.00	12	0

### **Vision to Scale**

At the end of year one operation we will have 4 sub regions we cover with 8 Sub regional trainers. The sub regional trainers become a point of contact for quality control and document medical statistics. In year two we maintain these needs of these 4 regions and analysis data collected.

In year three, Project Hope for Ugandan Women creates a sub branch called Frontier Medicine. This division will be headed by Sharon acting as CEO and Robert Royle acting as Chief Medical Officer (CMO). We will work directly with Bronze Medical Center to review the data collected for the two previous years and supply the 12 sub regions and 4 Regional Head TBAs with TBA Kits. These kits contain supplies needed in an infield delivery based on the individual needs of each sub region.

For example, a sub region located within 5 miles of a medical facility would receive level 1 kit's. These kits would include basic supplies needed for an at home birth; razor blade, umbilical cord clamps, Chux, nitrile gloves, isopropyl alcohol pad, sanitary pads for post delivery, a pictorial pamphlet to provide a field reference. The items in the kit would provide a medically clean surface for the mother to deliver onto, cord clamping & cutting ability, protection for the TBA against blood borne pathogens, the ability

to medically clean small instruments or body surface areas, medications and pads for controlling bleeding and cleanliness, and a how to guide for TBA kit usage and emergency field delivery. Whereas in a sub region located 20+ miles from a certified medical center level kits that include more pads for the mother, ibuprofen, tetracycline eye ointment for the new born, among other essential supplies to last one or two days after birth until the mother and child can travel to the medical clinic to receive care.

In order to encourage medical growth in the sub regions, Frontier Medicine would work hand in hand with Bronze Medical Center in Busia supplying support with training and education. Frontier Medicine will teach CPR and first responder courses. It will be our goal in the next 5 years to have Ugandan first responders in sub regions with medical kits trained in basic life support (BLS).

It is essential that we are able to maintain the new medical standard for the sub regions we reach. In order to do this we must carry out this operation in a steady and structured format as not to burn resources quickly. Abandoning this project would prove devastating to the region. The risk is always running out of money. With the D Prize cash infusion we will pivot our current model of pure financial support of a reactive nature to an aggressive stance. We will go into the community with medically trained TBAs, Nurses, and Paramedics with specialized training in field birth, maternity, as well as acute and emergent care.

Another area of concern is push back from the local community from people that are not informed or are to adherent to local customs and traditions. The way to solve this concern is with the utilization of regional advocates, village leaders, and the stellar reputation that Bronze Medical Center has already established.

With the infusion from the D-prize, the dedication of Bronze Medical Center, and the passionate drive of Frontier Medicine we would reduce the overall maternal mortality rate in Uganda by orders of magnitude.

### **Team**

Our Ugandan team is Sam Wafula, Nurse and Founder of Bronze Medical Center. Julian Wafula, Head Midwife and Co-Founder of Bronze Medical Center, several midwife staff members, and three TBA's. When the plan is implemented, Sam will be the Country Director and will be in charge of directing the Sub Regional TBA's to new sub regions each quarter. He will also be in charge of overseeing the distribution of the TBA Kits, organizing and purchasing the Misoprostol, and heading up the overall operation on a country wide level. Julian will be the Head of Local TBA training. She will be responsible for raising community interest, recruitment of TBA's, education and training of TBA candidates, overseeing and creating local TBA Kits. The team of midwives at Bronze Medical will be responsible for maintaining the everyday goals of the facility and assisting Julian as needed.

Our American team is Sharon Royl, Founder & CEO of Project Hope for Ugandan Women. Sharon's roll is to solicit contributors and raise community interest in Frontier Medicine and work with the Chef Medical Officer (CMO) for Frontier Medicine to create and maintain a quarterly budget. Robert Royl will act as CMO and will responsible for overseeing all medical functions of the American based team while

working directly with Sam to ensure the restructured TBA kits will meet the needs of outer lying villages. Robert is a Lieutenant Paramedic specializing in Community Treatment Unit. He has served as a US Marshal for 5 years, receiving two Metals of Valor. He has over 16 years of experience in the emergency medical field and is licensed by the American Heart Association as a Healthcare and Advance Cardiac Life Support (ACLS) provider.

We have already formed a team of nurses and paramedics who are willing to volunteer. Robert will be in charge of structuring the teams as we grow. We already have applicants with extensive medical backgrounds ready to fill the roles as needed. One roll will be Chef of Logistics and will responsible for researching and purchasing all supplies needed, creates and maintains a budget with the help of the CMO. Chef of Logistics is the main point of contact for all financial institutions, and maintains tax records, receipts, and financial documents with the help of a CPA.

### **Budget**

The following is an operational budget for our first year of operation. It includes first quarter start up cost and projected quarterly and yearly budgets as well as a Misoprostol Reclamation Chart. (Appendices Item 2)

### **Funding plan**

We will solicit to large corporations for sponsorship in this program by reaching out to organizations such as, Global Giving and Grant Watch, which specialize in nonprofit funding. We are enrolled in PayPal Giving Fund. In addition we will search for government grants and grant competitions. Currently we have one small business sponsor, and one reoccurring monthly donor. We have included a solicitation letter to introduce ourselves to new sponsors. For solicitation letter see next page.

Sharon Royl  
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To whom it may concern,

My name is Sharon Royl and I am President & CEO of Project Hope for Ugandan Women. We work to provide women in Uganda with free healthcare services. We work specifically with Bronze Medical Center in Mayombe, Busia District Uganda to cover everything from health education to labor and delivery. Recently we took on a larger challenge of training birth attendants in remote sub regions in Uganda.

Briefly, postpartum hemorrhaging is the leading cause of maternal death in the sub-Saharan regions of Africa. We plan on attacking this problem by training birth attendants to the standard of the World Health Organization and distributing Trained Birth Attendants (TBA's) with kits that contain everything needed for an at home delivery.

Bronze Medical Center trains an average of 250 birth attendants monthly and issues each TBA's with a lifesaving kit. We were granted starting funds by winning the D Prize competition, a social venture global competition targeting poverty problems. However, we need your help to continue our efforts. Our challenge is covering the cost of the kits and travel expenses of our recruiters. Each kits cost an average of \$2.50 and travel expenses can vary from \$6,500 to \$7,000 quarterly. We are reaching out asking that you consider becoming one of our sponsors. As a registered 501(c)3, we are able to write donation receipts for your contributions and will advertise your business on our social media pages as well as our website.

We invite you to learn more about our efforts by visiting our website, [www.projecthopeforwomen.org](http://www.projecthopeforwomen.org) or visiting our Facebook page [@projecthopeuganda](https://www.facebook.com/projecthopeuganda).

Thank you for your time, please call or email me with any questions or if you need further information. We look forward to hearing from you soon!

Best regards,

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